Application 09/807,234-Co plicant(s): Tae- rention: GENOT		Filing I				
plicant(s): Tae-	nt. #3081			Examiner	Art Un	
		April 6,	2001	J. Tung	1637	
ention: GENOT	-Shin Park					
	TYPING KIT F	OR DIAGNOSI	IS OF HUMAI	N PAPILLOMAVIRU	JS INFECTION	
	TC	THE COMMI	SSIONER FO	OR PATENTS		
ransmitted here he fee has been						
		CLAIM	S AS AMENE	DED		
Claims Remaining After Amendment		Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	30	- 40 =	0	x 25.00	0.00	
Independent Claims	8	- 8 =	0	x 105.00	0.00	
Multiple Depend	ent Claims (ch	eck if applicabl	e)			
Other fee (please	635.00					
TOTAL ADDITI	ONAL FEE FO	OR THIS AME	NDMENT:		635.00	
A check in the X Payment by X The Director as described	e amount of \$ credit card. is hereby autholow.	orized to charg	04-0100 in	the amount of \$ _ the filing fee is encl Deposit Account N		
_	y overpaymer					
x Charge a	ny additional fili	ing or applicatio	n processing t	ees required under 3	7 CFR 1.16 and 1.17.	
S. Peter Ludwig Attorney/Agent		351		Dated:	October 29, 2007	
DARBY & DARI P.O. Box 770 Church Street S New York, New (212) 527-7770	tation	770				

Under the Paperwork Redu	ction Act of 19	995, no person are re	equired to			ion unless it display		
Effecti	Complete if Known							
Fees pursuant to the Consolida	т приносион ттангос.		09/807,234-Conf. #3081					
FEE TRA			April 6, 2001					
For			Tae-Shin Park					
	Examiner Name J. Tung							
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1637				
TOTAL AMOUNT OF PAYMENT (\$) 635.00				Attomey Docket No. 20087/000J			7-US0	
METHOD OF PAYMEN	IT (check a	ll that apply)						
Check x Credit 0	Card	Money Order	No	ne Other (please identit	fy):		
Deposit Account Dep	osit Account Nu	ımber04-	0100	Deposit	Account Name	Darby	& Darby I	P.C.
For the above-iden	tified depos	it account, the D	irector is	hereby authorize	ed to: (che	ck all that apply)		
Charge fee(s) indicated t	pelow		Charg	e fee(s) ind	dicated below, e	xcept for t	he filing fe
X Charge any a fee(s) under		e(s) or underpay 5 and 1.17	ments o	f x Credit	any overp	ayments		
FEE CALCULATION								
1. BASIC FILING, SEARCE	H. AND EX	AMINATION FE	ES					
	FILI	NG FEES	SE	ARCH FEES	EXAMIN	NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Eooe I	Pald (\$)
Utility	310	155	510	255	210	105	1000	and (4)
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		
Reissue	310	155	510	255	620	310		
Provisional	210	105	0.0	0	020	0		
2. EXCESS CLAIM FEES	2.0	.03	٠	Ů		v		Small Entit
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (includ							50	25
Each independent claim over 3 (including Reissues)							210	105
Multiple dependent claims							370	185
<u>Total Claims</u> Extra	Claims	Fee (\$)		Paid (\$) Multiple Depen				
		25.00 =	0	.00	<u>Fe</u>	e (\$)	Fee Pald (5)
HP = highest number of total cis					_			_
	Claims 0 x	Fee (\$) 105.00 =		on (\$)				
8 -8 = HP = highest number of indeper				.00				
3. APPLICATION SIZE FE								
If the specification and dr		eed 100 sheets o	of paper	(excluding electr	onically fi	led sequence or	computer	
listings under 37 CFR	1.52(e)), th	e application siz	e fee du	e is \$260 (\$130 f				0
sheets or fraction there								
	xtra Sheets			dditional 50 or frac			Fee	Paid (\$)
- 100 =		/50 =		(round up to a who	ele number)	×	٠	
 OTHER FEE(S) Non-English Specification 	on \$120 i	for (no small an	titu dian	ant)			Fees	Paid (\$)
Other (e.g., late filing s		2801 Request	for con	tinued examinat	ion (RCE) (see 37	40	5 00
Other (e.g., late filing si	ircharge):	2252 Extension	n for re	sponse within se	econd mo	onth_		30.00
SUBMITTED BY	/_	_	_		_		_	
Signature / 1/	UX	$\sqrt{}$		Registration No. (Attorney/Agent)	25,351	Telephone	(212) 52	7-7770
Name (Print/Type) S. Peter	Ludwa	#		(Attorney/Agent)		Date	October 2	
Manie (Fillio 13) S. Felel	ruuwu	/			_	Date	OCTOBEL 5	.0, 2007